

APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE DEPARTMENT OF ARCHIVES AND HISTORY RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334. Attention: Scheduling Section. FOR RECORDS MANAGEMENT USE FOR AGENCY USE 1. Agency Address Department of Medical Assistance Application Date Application Number 1010 West Peachtree Street, N.W. Atlanta, Georgia 30367 Dete Received Dete Completed Application Number APR 1 5 1982 APR 2 3 1982 **Working Title** Telephone Number 2. Person to Contact Frankie Bradley Office Supervisor 894-4994 3. Action Requested a. A Establish Retention Schedule; record will continue to accumulate. Dispose of present accumulation; no further accumulation anticipated. ☐ Amend Application No. _ Check One: Change; Supercede; Void 4. Dates of Series 5. Records Series Title (followed by title used in office; if different) **Earliest** 1977 Present | Medicaid Provider Agreement File 6. Division and Office Function What is the function of the Division and the Office in which this record series is created?

The Program Operations Division is responsible for preparing and adjudicating Medicaid claims for payment. This is accomplished by coodinating the claims processing, provider, recipient and reference sub system of the Medicaid Management Information System (MMIS) in ensuring that the processing and payment of claims are made within Federal and State regulations; maintaining a close relationship with DOAS in relation to the data processing services they provide; expediting the payment and/or rejection of claims in "suspense" due to program edits; and identifying system and programming problems which cause backlogs or erroneous payments and recommeding solutions to these problems. The Provider Enrollment Officer is responsible for maintaining and updating Medicaid Provider's records concerning their legal agreement to participate in the Georgia Medicaid Program and supporting documentation. This file contains the following documents (include form numbers and titles, if any): 7. Record Series Description Attach samples of the file. Maintaining and updating records of Medicaid Provider's agreement to Documents relating to: participate in the Georgia Medicaid Program. Included XXX but not limited to are: DMA-253 Statement of Participation Agreement, Nursing Home and Hospital Ownership Agreement, Tape to Tape agreement signature authorization, change of location, or address, change of category of service, Power of Attorney designee Nursing Home certification and transmittals, Ind. Lab and O. P. licences Medicare certification, terminations, and related correspondence Alphabetically by Provider name File is arranged: How often are records referred to which are: 8. Monthly Reference Rate One to six months old daily ; Seven to twelve months old $\frac{2}{}$ ____: Thirteen to twenty-four months old _ twenty-five months and older none ? S. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers ____ ...: Other (specify) _: Shelves _

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